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Governor

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State Board of Professional Engineers and Land Surveyors
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APPLICATION FOR REINSTATEMENT OF A NEW JERSEY LICENSE

YOU MAY NOT PRACTICE IN THE STATE OF NEW JERSEY UNTIL YOUR LICENSE IS IN AN ACTIVE STATUS

Please select the status your license is currently in: Suspended - ☐ Inactive - ☐ Retired - ☐

Please type or print in black ink. This application must be completed, notarized and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

SECTION I

Complete the following information:

Full Name _____

Address _____

City, State, Zip _____

Telephone Number(s) _____
(Home) _____ (Work) _____

Date of Birth _____ Social Security Number _____

Type of License/Certificate _____ NJ License/Certificate Number _____

Initial License/Certificate Date _____ Date of Last Renewal _____

Type of practice involved in or employed in (check appropriate box):

Proprietorship ☐ Corporation ☐ Partnership ☐ Professional Service Corp. ☐

If self-employed and you use a business address other than your home, complete the following:

(Business Name)

(City) (State) (Zip Code)

SECTION II

Complete the following starting with the earliest employment until the expiration of you most recent license:

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

Name of employer _____

Address of employer _____

Title or position _____

Telephone # of Employer ____ - ____ - ____

Dates employed: From: ____ / ____ / ____ To: ____ / ____ / ____
mm dd yyyy mm dd yyyy

SECTION III

PRACTICE OF LICENSURE

Were you engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey License was not in an active status? ☐ Yes ☐ No

If “Yes”, please provide a list of ALL home inspections conducted in New Jersey during the lapsed period along with the corresponding date of signature. You may use additional sheets if necessary.

	<i>List of Home Inspection (include address and client's name)</i>	<i>Date Performed</i>
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24.		

SECTION IV

EXPLANATION OF YOUR FAILURE TO RENEW PROMPTLY

On the space below, please provide an explanation of your failure to renew promptly:

SECTION V

Answer all questions from the time period that you were last licensed or certified in New Jersey.

1. Since your last renewal have you been arrested, charged or convicted of any crime or offense **that you have not already reported to your board/committee?** (Minor traffic offenses, such as speeding or parking need not be provided but Motor Vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No

2. Since your last renewal has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority **that you have not already reported to your board/committee?** ☐ Yes ☐ No

5. Have you completed the continuing education units as required as part of renewal of your license? If you answered "Yes", please provide a copy of all certificates. ☐ Yes ☐ No

6. Do you currently hold an errors and omissions insurance policy in the amount of \$500.00 per occurrence? ☐ Yes ☐ No

***** PLEASE NOTE - If you have answered "Yes" to any questions from 1-4 above, you must provide an explanation and attach any and all related documents.**

CONTINUED PROFICIENCY IN YOUR PROFESSION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I, _____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Notary's Commission Expires on: